



2527 Windguard Circle, Ste 102, Wesley Chapel, FL 33544
Phone (813) 907-8001 • Fax (813) 907-5744

APPOINTMENT & NO SHOW POLICIES

It is our desire to provide timely and accessible care to all of our patients. We will make every effort to accommodate your scheduling needs, but in return we ask for your help by keeping your scheduled appointment and arrive on time.

In order to be respectful of the medical needs of other patients, please be courteous and call the office promptly if you are unable to keep an appointment. This time can be offered to someone who is in urgent need of care.

CHECK – IN POLICY

All patient are asked to **arrive 15 minutes prior** to their scheduled appointment time, in order to complete the Practice’s required forms, obtain or update the necessary demographic data and insurance information. All patients are encouraged to fill out these forms prior to their visit. These forms are available online at the Practice’s website, smallworldpediatric.com, under the Resources tab.

Patient Forms:

Financial Responsibility & Account Information
Patient Contact & Insurance Information
Medical Records Release
Patient Medical History
Authorization of Medical Decision Making
Appointment & No Show Policies
Notice of Privacy Practices
Website Privacy Policy

LATE POLICY

If you are running late for your appointment, please contact our office. We will determine whether or not your appointment will need to be rescheduled.

- If you arrive more than **15 minutes** late to your scheduled **Appointment time**, we will make an effort to accommodate you. However, your appointment may be rescheduled.

_____ **(INITIALS)**

NO SHOW POLICY

- A **No Show Fee of \$25** will be applied to your account for Missed appointments or a Cancellation less than 24 hours prior to your child’s appointment. _____ **(INITIALS)**
- If you need to **Cancel** your appointment, please **call 24 hours prior** to your appointment to either cancel or reschedule. If your child has **three (3) or more No Shows in a 12 month period**, your child may be **discharged** from our practice. _____ **(INITIALS)**

Last minute cancellations will be evaluated on a case-by-case basis and may be considered a No Show at the Physician’s and/or the Manager’s discretion.